

NORTH DAKOTA BOARD OF PODIATRIC MEDICINE

Temporary Permit Renewal Declaration

Name: _____ License Number: _____

Name of Residency Program: _____

Address of Residency Program: _____

Home Address: _____

Phone: _____

E-mail address: _____

Communication may be sent from the Board via email unless indicated here that you prefer NOT to be contacted via email.

I certify the following:

- I continue to participate in the residency program listed indicated above;
- I have not discontinued, been removed or terminated from the residency program indicated above;
- I have not been the subject of any disciplinary action; have no such action pending before any other board in any other state;
- I have not voluntarily or involuntarily had a license to practice podiatry revoked, suspended or limited in any other state;
- I have not been convicted of any felony since my last application (or declaration); and
- I have not been disciplined or sanctioned by a hospital, clinic organization or any health insurance carrier.

As to each and every one of the foregoing items for which I cannot certify, I am enclosing a letter of explanation. **I will also enclose any reports filed against me by malpractice insurers or other governing agencies in which disciplinary action has been taken.**

I have enclosed the executed Confirmation for Renewal by Residency Program Director and the temporary permit fee of \$200.00.

I declare that I am the person referred to above and I am that person referred to in any documents furnished by me to the North Dakota Board of Podiatric Medicine.

Signed: _____ Date: _____

SUBMIT TO: North Dakota Board of Podiatric Medicine
JoDee S. Wiedmeier
Executive Director
4309 Kodiak Place
Bismarck, ND 58503

NORTH DAKOTA BOARD OF PODIATRIC MEDICINE

Confirmation for Renewal of Temporary Permit

RESIDENCY PROGRAM DIRECTOR

Name of Resident: _____

Name of Residency Program: _____

Name of Residency Program Director: _____

Residency Program Address: _____

Residency Program Phone Number: _____

- I confirm that the above-named Resident has been accepted and continues to participate in the above-named residency program.
- I confirm that the above named Resident continues to participate in this training program under the supervision of a fully licensed podiatric physician in the State of North Dakota.

Dated this ____ day of _____, 20____.

Signature of Residency Program Director

SUBMIT TO: North Dakota Board of Podiatric Medicine
JoDee S. Wiedmeier
Executive Director
4309 Kodiak Place
Bismarck, ND 58503